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Effective on 12/08/2004.
For use pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 250.00

Complete If Known	
Application Number	09/780,205
Filing Date	2/9/2001
First Named Inventor	Wouters et al.
Examiner Name	M. Belyavskyi
Art Unit	1644
Attorney Docket No.	2183-4753US

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____

☒ Deposit Account Deposit Account Number: 20-1469 Deposit Account Name: TraskBritt, PC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims
_____ -20 or HP= _____	x _____	= _____	_____	_____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
_____ - 3 or HP= _____	x _____	= _____	_____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	_____

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge) : Appeal Brief Fee	\$250.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	33,041
Name (Print/Type)	Allen C. Turner	Telephone	801-532-1922
		Date	December 15, 2005



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Wouters et al.

Serial No.: 09/780,205

Filed: February 9, 2001

For: ANTIBODIES FOR USE IN
TARGETED AND TEMPORARY
TREATMENT OF HUMANS AND
ANIMALS

Confirmation No.: 7934

Examiner: M. Belyavskiy

Group Art Unit: 1644

Attorney Docket No.: 2183-4753US

CERTIFICATE OF MAILING

I hereby certify that this correspondence along with any attachments referred to or identified as being attached or enclosed is being deposited with the United States Postal Service as First Class Mail on the date of deposit shown below with sufficient postage and in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

December 15, 2005
Date

Betty Vowles
Signature

Betty Vowles
Name (Type/Print)

BEST AVAILABLE COPY

**COMMUNICATION, PAYMENT OF APPEAL BRIEF FEE
AND REQUEST FOR REFUND**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Order Returning Undocketed Appeal to Examiner, applicants submit herewith a check in the amount of \$250 for the Appeal Brief Filing Fee.

Applicants also request a refund of \$60 for the Extension of Time fee taken from the deposit account on January 12, 2005. The Extension of Time was billed as a large entity (\$120) and should have been billed as small entity (\$60). Therefore, applications request a refund in the amount of \$60.

12/20/2005 HDESTA1 00000003 09780205

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Serial No. 09/780,205

Applicants respectfully request the Examiner to provide the listing of references requested by the Board of Appeals.

If the amount of the check is insufficient, please debit TraskBritt Deposit Account No. 20-1469 for the remainder of the fee. If the amount is in excess of that required, please credit that deposit account.

Respectfully submitted,



Allen C. Turner
Registration No. 33,041
Attorney for Applicant(s)
TRASKBRITT, P.C.
P.O. Box 2550
Salt Lake City, Utah 84110-2550
Telephone: 801-532-1922

Date: December 12, 2005
ACT/bv

Enclosure: Fee Transmittal
Check in the amount of \$250.00

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